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SHALL THE PRIVATE NURSE OPEN A CONVALESCENTS' HOME?

BY AN AMBITIOUS GRADUATE

After eight years of private nursing I decided to invest my savings in a home of my own and to take patients to board. I rented a house in the country, located on a beautiful New England hillside, and after furnishing the house attractively, I sent word to physicians who had employed me in private duty, that I was taking convalescent patients into my house, where they could obtain rest, quiet, good food and nursing care. I also advertised my home in papers that devoted a column to "Homes for Invalids." So many graduate nurses have been interested in my work, and have expressed their desire to me to take homes and open them to patients, that I wish to give to nurses in general some of the truths my experience has taught me. Many who have this enterprise in mind are nurses who are in middle life. They desire to own a home of their own, where they may feel established and settled for future years of service. They have saved, perhaps several thousand dollars, and they see no better way to provide for their future than to make a comfortable home and to take patients to board.

Before telling my experience in this field of nursing, I will give a short description of my Convalescents' Home, to convey to nurses the surroundings from which I write. In no other way can I give the impression of what a desirable location I have, and yet my labors to make ends meet have been unceasing.

"Belvoir," so named from the beautiful view I have from the windows and porch, is set on a hillside in the middle of twenty acres of land. To the east are the three Blue Hills of Milton plainly in sight, and to the west, Mount Monadnock some twenty miles away, stands out to greet us. The location for invalids is ideal. There is a piazza on three sides of the house and nearby is a pine grove with beautiful sheltering trees. Both places are supplied with hammocks and comfortable chairs, where rest and seclusion can be enjoyed when the weather is fine. In doors and out of doors all makes for harmony, and many physicians have praised the location as ideal for invalids. There is every modern convenience in the house, and a large vegetable garden, orchard, and poultry yard from which to supply the table with good things fresh from their source. To improve and make attractive these surroundings has been my work for five years.

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I am convinced that there is an increasing demand from physicians and the public for the small private sanitarium or convalescents' home. In years to come, when the theory of not housing together great numbers of patients suffering from the same disease is put more into practice, nurses opening these homes will not find the financial risk so hazardous as it is at present.

Nurses about to open convalescents' homes should bear in mind two things; first, that competition is very keen, and that the financial returns may not be as large as in some other field of nursing; second, a nurse should consider her own fitness for the responsibility she is undertaking in caring for the kind of patients that go to such homes. Today many physicians have their own private sanitariums or are financially interested in one managed by someone else. In these places patients receive medical care, board and nursing. The graduate nurse having no physician in charge is only able to give board and nursing care, and the rates charged are correspondingly lower than those in sanitariums of which doctors are at the head.

In a small country house or suite, such as a nurse would open to convalescent patients, she is handicapped in her surroundings. It is impossible to class certain kinds of patients together. For instance mental and nervous cases cannot readily be handled with other forms of human helplessness. In a small house, patients must be congenial to keep the atmosphere of the home happy. Where patients meet at a common table and come to the living room for recreation, the nurse in charge must carefully select the patients that apply for admission, weeding out those who seem undesirable, that she may keep those already in the house.

Today many private families take invalids into their homes to board to add to their incomes. Country people with small farms and nurses who have married, frequently take patients convalescing. The great number of these homes open to patients and the low rate charged for board and nursing care, make a serious handicap to the nurse who is making her living from this source. All small sanitariums advertise extensively for patients, and to keep her rooms full a nurse is forced to do this. It proves to be a very expensive plan in the course of the year. The proverbial high prices paid by patients in convalescents' homes I find to be more or less mythical. Without medical attention and for board and nursing care \$18 per week is the average rate paid, and \$15 per week and as low as \$12 is often accepted. I find the low rates are more common and are usually about what patients expect to pay, and are often more than they can afford.

A nurse may have been very successful in private work and she may be in excellent standing with many reputable physicians; when she tells them she is to open a sanitarium, they all promise to keep her home in mind and to send her patients when they know of someone needing a quiet resting place. This is very encouraging to the nurse, and she is glad to have so many physicians ready to help her carry on her work. However, patients needing rest and change do not, as a rule, take them near home. While they are forced to be idle and are waiting to recuperate they usually like change of climate and scene. They go south, or to Colorado, or to the mountains, and it is rarely that patients go to sanitariums in their own town or city. This brings the difficult problem of getting desirable people into your home. There would be no question as to references for the patients the local physician would send, but for the patients who come from a distance, references are not always satisfactory, at least they do not prove to be so. I will not dwell on the undesirable class of patients that move from one small sanitarium to another, those addicted to drugs, the mildly insane, etc. All of these are to be met in the home of the nurse taking convalescents. References do not cover details and only experience teaches. Patients who make sanitariums their homes migrate like the birds. In opening a house for invalids, this is an important thing to have in mind, choose well your location. Patients usually like to spend their summers in the country on a farm, and with the first flurry of snow they are looking for winter quarters in the city or nearby. To locate in the suburbs of a city where country and city life would be combined is the ideal arrangement, if you would keep your house full the year round.

Nearly every small town has a good hospital and in our cities there are several hospitals. In acute illnesses patients go to hospitals. It is only the nervous, mental, or chronic cases, also the aged, that go to sanitariums. Many nurses who would consider opening a small convalescents' home for the joy it would give them to be in their own homes, have always had a distinct preference as to the kind of nursing they like best and for which they have special adaptability. For instance, many nurses have had no training in mental or nervous cases, and the nursing of chronic cases does not often appeal to them. They like fever nursing and surgical cases, where their patients make good progress and a quick recovery. Many nurses like change of environment and enjoy going from one household to another in their work. In sanitarium work all this is changed. The patients as a rule do not make rapid progress, and the nurse if she has a preference as to the kind of work she likes best finds this irksome.

Then, in conducting her home for invalids, a nurse is not able to get away from her patients, an admonition every doctor and instructor gives to nurses. As in private work you do not get change of environment. You cannot go to the nurses' home when off duty and chat with the other nurses and come back fresh to your patients. There is no time when the case is over, when you go away eager for refreshment and mental relaxation and return to a new case renewed in strength and spirit. When your patients go and you have your home to your self, there are the empty rooms with rent and household expenses going smoothly on and no income. The unoccupied rooms become another burden, and it is usually necessary for financial reasons to have them occupied as soon as possible, regardless of how long a period of recuperation a nurse may feel she needs.

It is often difficult to make ends meet and to have a little laid by for the rainy day. Food, fuel, and service, besides the constant drain of physical strength come at a high cost. The rent, the upkeep of the house and the domestic service must be paid for the same when the house is empty, or when there is but one patient, as when the rooms are all occupied. In opening a convalescents' home the initial expense must be considered. The cost of furnishing rooms which must be attractive throughout the house takes a large sum from the nurse's savings, and the returns, if one succeeds, are sometimes small for the time, labor, and money involved.

In private work the nurse has one patient. Usually the running of the petty household duties is held by competent hands. The nurse can give of her spirit, her strength, and all her time to cheer, encourage and bring her patients safely along to recovery. In managing a convalescents' home, the nurse must deal with the butcher and the baker, and ere her day is well started, she is many times tired out mentally and physically. The pipes may freeze and the plumber does not come, the cook may leave or be out of sorts, or the dinner is delayed, and so it goes the year round. In keeping the household machinery going in an efficient manner the nurse becomes tired, the good spirits and buoyancy, so necessary to impart to patients, must be forced, and her lack of spirit is readily felt throughout the house by the patients.

Still, with the many attending hardships and financial uncertainties in the life of the nurse conducting a convalescents' home, there are also many advantages. There is the happiness and satisfaction that comes to a nurse when she sees those who come into her home, sorely in need of peace and comfort, refreshed. To the nurse who feels the longing to be in a home of her own, and to work among her own things, this kind of nursing affords the solution. There will always be a place

in the world for one more happy home, and there will always be the worn traveler, unable to make a home for himself, who is supremely blessed in congenial surroundings made by stronger hands. While I get through the hard places in some way, and bear the financial difficulties as I must, I like to think on these few lines and persevere:

There are pioneer souls that blaze their paths
Where highways never ran:—
But let me live by the side of the road
And be a friend to man.

ETHICS AS APPLIED TO THE WORK OF THE SCHOOL NURSE

ETHICAL ATTITUDE TOWARD THE CENTRAL MANAGEMENT

The central management of any organization expects and requires the field workers to entertain a just sense of the duties and responsibilities. Each nurse in public health work incurs an obligation to exert her best efforts to maintain the honor and dignity of the organization which she represents.

Erroneous views respecting the organization often prevail; the public cannot always be expected to judge correctly. It is, therefore, the duty of the nurse to inspire the people with respect and confidence. Here, as in all branches of nursing, implicit obedience is necessary and a nurse must never permit her own opinion as to the fitness of the rules to influence her attention to them.

Reports should be clear and concise, conveying real facts and information concerning existing conditions and should never weary with irrelevant details. To the neglect of correct reports is due loss of time and labor, uncertainty and imperfection of work.

The matter of supplies is important. Care should be exercised in the use of supplies, as the total expenditure is greatly affected by apparently trifling details.